

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P5867).

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Respectfully submitted,

By



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Date: 25 July 2005



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on 25 July 2005
Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)

Application Number : 09/900,298
Applicant : Kenneth W. Shirriff
Filed : 5 July 2001
TC/A.U. : 2145
Examiner : Winder, Patrice L.

Confirmation Number: 5693

Docket Number : SUN-P5867-ARG
Customer No. : 22,835

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **28 June 2005**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page XX of this paper.